



FLWEMS Paramedic Procedural Information For:
PATIENT MOVEMENT & TRANSPORT

Indications

All patients (neonatal, pediatric and/or adults) transported by FLWEMS ambulances or other emergency vehicles. At all times patient safety shall remain paramount for all FLWEMS EMT's and Paramedics.

Procedure – Moving Patient to Ambulance

1. Patient being moved to FLWEMS ambulances shall be done so in a manner that optimizes patient safety at all times.
2. When patient conditions warrant, patient should be moved to ambulance via "Total Lift" procedures as outlined below. Patient conditions warranting "Total Lift" procedures include but are not limited to:
 - Trauma patients with known or suspected head, neck and/or spinal injuries
 - Patient with cardiac related complaints, i.e. chest pain, dyspnea, etc
 - Unconscious/Unresponsiveness or altered Level of Consciousness
 - Seizures
 - Patients with known/pre-existing conditions that impair their ability to ambulate.
3. "Total Lift" procedures are those procedures necessary to minimize the patient's need to move themselves to the ambulance. This includes using stair-chairs, folding-cots, ambulance cots, fireman's carry, SKED boards, stokes basket, , KED's, long-spine boards, etc.

Procedure – Patient Transport (Neonatal)

1. Neonate patients requiring EMS transport shall always be secured appropriately in ambulance prior to transport.
2. Appropriate means of securing these patients include:
 - FLWEMS Neonatal/Pediatric TI-500 Isolette Transport System
 - FLWEMS maintain pediatric car-seats
 - Car-seat provided to FLWEMS by the patient's parents/legal guardian
3. At no time shall neonatal patients being transported by FLWEMS ambulance be allowed to held by a parent or legal guardian during transport. All patients will be secured in place at all times while FLWEMS emergency vehicles are in motion.
4. In cases where both the neonate patient and parent/legal-guardian require transport (such as a pre-hospital childbirth), two (2) ambulances shall be dispatched. The second responding ambulance should respond with the TI-500 Isolette Transport System when available.
5. Motor Vehicle Accidents (MVA's). When a neonate patient is involved in a MVA that patient shall not be immobilized and transported in the same car-seat that was involved in the MVA. These patients should be immobilized IAW with Pediatric Basic Trauma Life Support (PBTLS) standards.
6. Falls and other trauma. When a neonate patient is involved in a fall or any other trauma that may cause head, neck or spinal trauma, that patient should be immobilized IAW with Pediatric Basic Trauma Life Support (PBTLS) standards.
7. Contact Medical Control for patient transport guidance and requirements outside the above guidelines.

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Procedure – Patient Transport (Pediatric)

1. Pediatric patients requiring EMS transport shall always be secured appropriately in ambulance prior to transport.
2. Appropriate means of securing these patients include:
 - FLWEMS maintain pediatric car-seats
 - Car-seat provided to FLWEMS by the patient's parents/legal guardian
 - Same as adult guidelines.
3. At no time shall pediatric patients being transported by FLWEMS ambulance be allowed to held by a parent or legal guardian during transport. All patients will be secured in place at all times while FLWEMS emergency vehicles are in motion.
4. In cases where both the pediatric patient and parent/legal-guardian require transport two (2) ambulances shall be dispatched.
5. Motor Vehicle Accidents (MVA's). When a pediatric patient is involved in a MVA that patient shall not be immobilized and transported in the same car-seat that was involved in the MVA. These patients should be immobilized IAW with Pediatric Basic Trauma Life Support (PBTLS) standards.
6. Falls and other trauma. When a pediatric patient is involved in a fall or any other trauma that may cause head, neck or spinal trauma, that patient should be immobilized IAW with Pediatric Basic Trauma Life Support (PBTLS) standards.
7. Contact Medical Control for patient transport guidance and requirements outside the above guidelines.

Procedure – Patient Transport (Adult)

1. Adult patients requiring EMS transport shall always be secured appropriately in ambulance prior to transport and during transport.
2. Adult patients shall be transported secured to EMS cot secured in cot-ambulance mounting system (bull-horns & side mount bracket) with leg, lap and chest straps secured over the patient.
3. Adult patients requiring transport on ambulance bench seat shall be secured with leg, lap and chest straps secured over the patient.

Procedure – Patient Care During EMS Transport

1. All patients requiring transport by FLWEMS ambulances shall be attended by a GS-0640-07 (or higher) paramedic regardless of acuity or illness.
2. When possible, paramedics attending to patient care during patient transport should secure themselves as well into ambulance "jump-seat" or on ambulance bench-seat.

Procedure – Ambulance "Ride-A-Longs"

1. As a rule, "Ride-A-Longs" shall not be authorized during intra-facility ground transports conducted by the Fort Leonard Wood Emergency Medical Services.
2. The nature of emergency medical vehicle movements have inherent risk. Obviously the predominate risk of being involved in a motor vehicle accident is the primary hazard associated with

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intra-facility ground transports. Due to this type of risk, only appropriate health care personnel and the patient should be aboard FLWEMS ambulances during any intra-facility ground transport.

3. The primary referring provider (Physician/PA) shall be authorized to issue an order to allow one (1) person to accompany the patient during transport as a "Ride-A-Long".
4. These orders should only be utilized to optimize patient care/safety during transport and may be subject to Quality Assurance (QA) review.
5. The primary referring provider shall prescribe a written order for this "Ride-A-Long" specifying:
 - Who the "Ride-A-Long" should be
 - Relationship to patient
 - Reason for "Ride-A-Long"

END OF INFORMATION – NOTHING FOLLOWS